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PROGRAMME DEVELOPMENT IN THE WEST AND CENTRAL AFRICA REGION

The present document reports on and analyses major new trends and developments of UNICEF programme cooperation in the West and Central Africa region during 1990.

The UNICEF regional office has responsibility for UNICEF cooperation in the following countries: Benin, Burkina Faso, Cameroon, Cape Verde, Central African Republic, Chad, Congo, Côte d'Ivoire, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Togo and Zaire.

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INTRODUCTION

1. In a number of countries in the West and Central Africa region, the past year was marked by growing trends toward multi-party political systems. Possibly given impetus by the changes in Eastern Europe, opposition parties were or are in the process of being legalized in Benin, Chad, the Congo, Côte d'Ivoire, Gabon, the Niger, Togo and Zaire. The declaration of the Government of France at the Sixteenth Conference of French and African Heads of State in La Baule, France, in June 1990, that its future assistance would be contingent upon progress towards democratization helped to make the idea more acceptable to the parties in power.

2. Following the outbreak of civil war in Liberia at the end of 1989, over 600,000 refugees fled to neighbouring Côte d'Ivoire, Guinea and Sierra Leone. In Liberia itself, over 745,000 people were said to be without adequate food, water, shelter or medical care. UNICEF is cooperating with other members of the United Nations system and with non-governmental organizations (NGOs) to alleviate the plight of refugees, in particular Liberian children, who have been severely traumatized by this immense human tragedy.

3. Because of insufficient rainfall in August 1990 in parts of the Sahel, the food security situation is expected to worsen, requiring additional external food aid. With economic growth insufficient to offset population growth, in addition to the persisting problem of debt, there are indications of additional hardships for the most vulnerable population groups.

4. The African Development Bank (AfDB) and UNICEF held their first consultative meeting at Abidjan in May 1990. The discussions centred on areas such as operational modalities of cooperation, joint implementation of the Bamako Initiative and collaboration in addressing the effects of structural adjustment programmes (SAPs). The regional office will continue to urge AfDB and Governments to direct a larger proportion of Bank assistance to social programmes.

5. African countries played a crucial role in the realization of the World Summit for Children, which was first supported by the Conference of French and African Heads of State held at Dakar in 1988, and subsequently endorsed by the Economic Community of West African States (ECOWAS) in May 1990 and the Organization of African Unity (OAU) in July 1990. Eight West African heads of State or Government attended the Summit, with all other countries of the region represented either by Foreign Ministers or ambassadors.

I. PROGRAMME ANALYSIS

6. In most countries of the region, recent data on infant, under-five and maternal mortality rates are still scarce and often inaccurate, thus requiring frequent use of projections in order to assess trends. Information on the prevalence of specific diseases for which control or elimination programmes

are under way is becoming increasingly available, however. For example, a sharp decrease in measles morbidity and mortality has been reported by most countries with high vaccination coverage. Results of national case searches for dracunculiasis (guinea worm disease) will soon be available for all endemic countries in the region. Additional efforts, in collaboration with the World Health Organization (WHO) and the Food and Agriculture Organization of the United Nations (FAO), are planned to establish a basic information system for food and nutrition surveillance.

7. Cape Verde, the Congo and the Gambia have already reached universal child immunization (UCI), and at least five other countries are expected to attain 75 per cent vaccination coverage this year. Regional coverage is expected to average over 50 per cent for three doses of combined diphtheria/pertussis/tetanus vaccine. Since the beginning of its acceleration just four years ago, the expanded programme on immunization (EPI) has managed to multiply coverage four times. Efforts are being made to improve further all aspects of EPI management. Strengthening epidemiological surveillance will become one of the priority areas for UNICEF support in the 1990s.

8. An intensive process of evaluation, involving all countries in the region except Liberia, was begun in November 1990. Coverage surveys will be carried out in 20 countries in close collaboration with two subregional technical organizations, as well as other partners, particularly WHO and the United States Agency for International Development (USAID). In Ghana and Sierra Leone, the evaluation will rely on well-established routine monitoring systems.

9. The Bamako Initiative is now increasingly promoted and formulated in the context of country programmes. At present, a major concern is progressively to build a coherent framework to rationalize, integrate, expand and sustain existing individual maternal and child health interventions such as EPI, control of diarrhoeal diseases (CDD), control of acute respiratory infections (ARIs) and maternal care. Furthermore, greater popular participation in the assessment and resolution of health problems is expected to be a key contribution to reaching the health goals of the 1990s. While the objective of "going national" remains a priority, experience in the region has demonstrated the need to implement the Bamako Initiative strategy initially in selected areas, in view of the number and complexity of epidemiological and managerial issues.

10. Common constraints identified to date in developing the Bamako Initiative in the region include slow progress in policy formulation and effective implementation on essential drugs, decentralization and community financing; the difficulty of upgrading the first referral level; the scarcity of foreign exchange; and pressing issues related to staff management, such as grossly insufficient remuneration and lack of incentives, difficulty of filling posts in remote areas and generally poor performance. UNICEF is working closely with all partners to develop models for sustainable health service financing and management and for community organization, with special focus on capacity-building at all levels.

11. The situation in the region with regard to acquired immunodeficiency syndrome (AIDS) has continued to worsen, with the total number of confirmed cases steadily increasing in some countries by more than 100 per cent in comparison to the previous year. This more likely reflects both an increase in real incidence and an improvement of epidemiological surveillance, however. The Fifth International Conference on AIDS in Africa was held at Kinshasa in October 1990. At the workshop for national AIDS coordinators at the WHO Regional Office at Brazzaville, which discussed the integration of AID coordinators into national primary health care programmes, UNICEF presented a summary of its AIDS-control activities.

12. Although the targets of the International Drinking Water Supply and Sanitation Decade (1981-1990) were not reached, countries in the region are adjusting their strategies according to the lessons learned during the 1980s. The application of low-cost technologies such as gravity spring systems in Nigeria and hand-dug wells in Sierra Leone and Zaire, with full community participation, helps to make greater use of financial resources. As valuable members of village health committees, women are becoming increasingly involved with water supply and sanitation issues.

13. At the Third African Conference on Dracunculiasis held in Côte d'Ivoire in March 1990, strategic project options to achieve eradication of the disease in the region by 1995 were reviewed. Benin, Burkina Faso and Cameroon have undertaken surveys to localize populations at risk. In Togo, UNICEF is cooperating in the process of developing village epidemiological surveillance systems.

14. Following the World Conference on Education for All, the regional office is increasing support to country offices to ensure that Conference recommendations are fully reflected in future country programmes. A new post of regional adviser in education has been recommended. At the regional representatives' meeting, strategies were discussed to operationalize education for all in the region. The Governments of Ghana and Nigeria are giving substantial support to early child care and development education. In most countries, NGOs are actively implementing early childhood development activities, but these could be more closely associated with UNICEF-assisted programmes. Country offices in the region will continue to advocate the establishment of national policies and the development of programmes in this sector.

15. Women's concerns are now taken fully into account at each step of the country programming exercise as a matter of course. In order to be able to participate fully in the development process, women need to be given appropriate tools such as increased access to production credits and basic education. A regional workshop held with government counterparts on the issue of women in development recommended that women be seen as a priority group in national development through (a) more equitable access to education for young girls; (b) the establishment of social support structures, such as child-care facilities, to facilitate training for women; and (c) the promotion of training and information-sharing among decision makers.

16. By extending full support to the country programming exercise, improving the quality of programmes in the region will remain the highest priority of the regional office, with focus on translating the Declaration of the World Summit for Children into practical actions for children within the country context.

II. EXTERNAL RELATIONS

17. Throughout the year, most advocacy efforts were geared towards supporting ratification of the Convention on the Rights of the Child by the largest possible number of countries in the region. Ghana was the first country in the world to do so. A total of 12 West and Central African States have now ratified the Convention and several others are in the process of doing so. The Convention will remain the region's primary instrument of advocacy to safeguard the principle of "first call for children", which has been unanimously accepted by African States in the designation by OAU of the 1990s as the Decade of the African Child.

18. In support of the World Summit for Children, a series of social mobilization campaigns was conducted throughout the region, including mini-summits and national seminars in Guinea-Bissau, Mali, Nigeria and Sierra Leone; children's days in Côte d'Ivoire and the Congo; and symposia of artists, intellectuals and communicators in Benin and the Congo. National committees for children were created in Burkina Faso, the Gambia, Ghana, Nigeria, Senegal and Sierra Leone, and are expected to become powerful voices.

19. Advocacy with parliamentarians gained momentum with the Africa Parliamentary Workshop, held at Banjul in December 1990, on the theme of survival, protection and development of children. In considering the legal status and protection of children in West African countries, the meeting recommended a greater advocacy role for African parliamentarians in order to ensure that promises made to children at the Summit are kept.

20. Facts for Life significantly strengthened social mobilization support to UNICEF-assisted programmes in the region, successfully disseminating health messages to a larger public, with rural radio fast becoming a major channel. In Cape Verde, Facts for Life is applied to literacy projects and serves as a training manual for health workers; in Nigeria, it was adapted in four national languages; and in Sierra Leone, the UNICEF office produced a variety of Facts for Life messages through its own desk-top publishing system.

III. OPERATIONAL AND MANAGEMENT ISSUES

21. Country offices continued to experience long delays in filling vacant posts, adversely affecting programme implementation. In addressing this issue, the Division of Personnel, the Africa Section and the regional office have agreed to have a recruitment drive early in 1991. Coordination of regional administrative issues was enhanced when the post of regional operations officer was filled earlier in the year.

22. More offices are faced with the problem of inadequate office premises. In Burkina Faso and Ghana, construction is under way on Government-donated land. The Governments of Benin and the Gambia have donated land to the United Nations for the construction of joint premises. The Guinea office will move into new office space in 1991.

23. Land-locked countries in the region are still facing delays in the delivery of supplies and excessive costs because of transit operations. In Douala, Cameroon, a major transshipment port, the UNICEF office, in collaboration with the Supply Division Warehouse, is currently studying cost-saving measures through the establishment of joint clearing facilities with other United Nations agencies.

24. Training activities continued to expand in 1990. Regional workshops were organized on programming and evaluation, training of trainers, finance and budget, training as a component of programmes benefiting women, children in especially difficult circumstances and CDD. With the availability of extensive training materials developed by the Training Section, several country offices increased in-house training, which is expected to assume an even wider dimension in the future.